

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Louisiana State Medical Society Political Action Committee

ADDRESS (number and street) ▼

6767 Perkins Rd Ste 100

☐ Check if different than previously reported. (ACC)

Baton Rouge

LA

70808-4263

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00001008

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John W. Noble Jr. MD

Signature of Treasurer

John W. Noble Jr. MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Louisiana State Medical Society Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">154077.94</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">154077.94</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">29991.89</span>	<span style="border: 1px solid black; padding: 2px;">29991.89</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">184069.83</span>	<span style="border: 1px solid black; padding: 2px;">184069.83</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1362.01</span>	<span style="border: 1px solid black; padding: 2px;">1362.01</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">182707.82</span>	<span style="border: 1px solid black; padding: 2px;">182707.82</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Louisiana State Medical Society Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2012

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11950.00

11950.00

(ii) Unitemized .....

17600.00

17600.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

29550.00

29550.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

29550.00

29550.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

441.89

441.89

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

29991.89

29991.89

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

29991.89

29991.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	430.21	430.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	430.21	430.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	931.80	931.80
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1362.01	1362.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1362.01	1362.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29550.00	29550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29550.00	29550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	430.21	430.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	430.21	430.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Harris M. Blackman MD**

Mailing Address 1111 Medical Center Blvd #N-401

City State Zip Code  
Marrero LA 70072-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 11 / 2012

**Transaction ID : 7272374**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. Vonnie C. Serbin MD**

Mailing Address 1 Wren St

City State Zip Code  
New Orleans LA 70124-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 11 / 2012

**Transaction ID : 7272378**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. K. Barton Farris MD**

Mailing Address 1101 Medical Center Blvd  
Laboratory

City State Zip Code  
Marrero LA 70072-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Consultant Pathology Service

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 11 / 2012

**Transaction ID : 7272473**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Linda Laughlin**

Mailing Address 16849 Cherry Bark Dr

City

Baton Rouge

State

LA

Zip Code

70810-5811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician Spouse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 11 / 2012

Transaction ID : 7272663

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. R. Mark Williams MD**

Mailing Address PO Box 4388

City

Lake Charles

State

LA

Zip Code

70606-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 11 / 2012

Transaction ID : 7273046

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr. William D. Binder MD**

Mailing Address 9000 Airline Hwy Ste 500

City

Baton Rouge

State

LA

Zip Code

70815-4184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Women's Healthcare Assoc.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 26 / 2012

Transaction ID : 7328759

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Philip J. Garavaglia MD**

Mailing Address 1800 Buckner St Ste C120

City

Shreveport

State

LA

Zip Code

71101-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Louisiana Nephrology LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 26 / 2012

**Transaction ID : 7328769**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. John S. VanHoose II MD**

Mailing Address 830 W Bayou Pines Dr

City

Lake Charles

State

LA

Zip Code

70601-7077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Pathology Laboratory

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 09 / 2012

**Transaction ID : 7330322**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr. James B. Aiken MD**

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 16 / 2012

**Transaction ID : 7330325**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Gregory Neal Sossaman MD**

Mailing Address 519 Homestead Avenue

City State Zip Code  
 Metairie LA 70005-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ochsner Clinic Foundation

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 19 / 2012

**Transaction ID : 7330329**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Christopher J. Achée MD**

Mailing Address 1322 Elton Rd Ste D

City State Zip Code  
 Jennings LA 70546-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jeff Davis Family Medicine

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

**Transaction ID : 7330330**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr. Kevin R. Young MD**

Mailing Address 1717 Oak Park Blvd Fl 2

City State Zip Code  
 Lake Charles LA 70601-8990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 22 / 2012

**Transaction ID : 7330333**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Roderick V. Clark MD**

Mailing Address 2804 Ambassador Caffery Pkwy

City State Zip Code  
 Lafayette LA 70506-5906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Acadiana Renal Physicians

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 01 / 24 / 2012

**Transaction ID : 7330336**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. Brian Michael Bourgeois MD**

Mailing Address 107 Wall Blvd

City State Zip Code  
 Gretna LA 70056-7106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 West Jefferson Industrial Medicine

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 02 / 01 / 2012

**Transaction ID : 7330630**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Dr. Joseph D. Busby Jr. MD**

Mailing Address 2106 Loop Rd Ste B

City State Zip Code  
 Winnsboro LA 71295-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jay Busby, MD

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 02 / 01 / 2012

**Transaction ID : 7330632**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Vincent A. Culotta Jr. MD**

Mailing Address 6301 Bertha Dr

City State Zip Code  
 New Orleans LA 70122-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 01 2012

**Transaction ID : 7330634**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. William T. Hall MD**

Mailing Address 2003 Bridgewater Ave

City State Zip Code  
 Shreveport LA 71106-8548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Regional Urology

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 01 2012

**Transaction ID : 7330638**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr. James A. White III MD**

Mailing Address 2920 Jackson St

City State Zip Code  
 Alexandria LA 71301-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Alexandria Sinus & Ear Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 01 2012

**Transaction ID : 7330647**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Tommy Mook MD**

Mailing Address 255 Bert Kouns Industrial Loop

City State Zip Code  
 Shreveport LA 71106-8150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Urology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 16 2012

**Transaction ID : 7360375**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. John Michael Burdine MD**

Mailing Address 5408 Flanders Dr

City State Zip Code  
 Baton Rouge LA 70808-9168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spine Diagnostic & Pain Treatment Cent

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 16 2012

**Transaction ID : 7360378**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr. Edward W. Dauterive Jr. MD**

Mailing Address 1100 Andre St Ste 101

City State Zip Code  
 New Iberia LA 70563-2159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dauterive Surgical Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 16 2012

**Transaction ID : 7360379**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Niels Jan Linschoten MD**

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City

Baton Rouge

State

LA

Zip Code

70810-7827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baton Rouge Orthopaedic Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : 7360444**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Richard James Michael MD**

Mailing Address 1449 E Bert Kouns Industrial Loop  
Ste 100

City

Shreveport

State

LA

Zip Code

71105-5680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shreveport Internal Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : 7360445**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr. Donald C. Falgoust MD**

Mailing Address 3515 Basin Ln

City

Lake Charles

State

LA

Zip Code

70605-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Falgoust Eye Medical and Surgical

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2012

**Transaction ID : 7360456**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. William Juan Watkins MD**

Mailing Address 2121 Line Ave

City

Shreveport

State

LA

Zip Code

71104-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ear, Nose &amp; Throat Center, AMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	2

**Transaction ID : 7360457**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. John S. VanHoose II MD**

Mailing Address 830 W Bayou Pines Dr

City

Lake Charles

State

LA

Zip Code

70601-7077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Pathology Laboratory

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	2

**Transaction ID : 7360460**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr. James M. Brown III MD**

Mailing Address 4150 Nelson Rd Ste C11

City

Lake Charles

State

LA

Zip Code

70605-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	2

**Transaction ID : 7368876**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1800.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Albert Gros Jr. MD**

Mailing Address 539 E Prudhomme St

City State Zip Code  
Opelousas LA 70570-6499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesia Associates Of Opelousas

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : 7368888**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Daniel I. Caplan MD**

Mailing Address 3409 N Hullen St Ste 100

City State Zip Code  
Metairie LA 70002-3485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caplan Eye Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : 7368890**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr. Christopher P. Fontenot MD**

Mailing Address 200 Beaulieu Dr Ste 7

City State Zip Code  
Lafayette LA 70508-7230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Urology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : 7439763**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

11950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 18  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MorganStanleySmithBarney Acct 2**

Mailing Address 8550 United Plaza Blvd Ste 101

City State Zip Code  
 Baton Rouge LA 70809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 29 2012

**Transaction ID : 7381540**

Amount of Each Receipt this Period

219.79

Unrealized Gain

Full Name (Last, First, Middle Initial)

## **B. MorganStanleySmithBarney Acct 2**

Mailing Address 8550 United Plaza Blvd Ste 101

City State Zip Code  
 Baton Rouge LA 70809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 01 2012

**Transaction ID : 7516591**

Amount of Each Receipt this Period

55.20

Dividends

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

274.99

274.99



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Louisiana State Medical Society Political Action Committee

Unrealized loss as of March 31 2012

350.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Louisiana State Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenny Cox**

Mailing Address 304 High School St.

City	State	Zip Code
Mansfield	LA	71052

Purpose of Disbursement  
Kenny Cox, STATE HOUSE 23rd LA

Candidate Name

**LA Rep. Kenny Cox**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2012

**Transaction ID : 7356902**

Amount of Each Disbursement this Period

500.00
--------

Kenny Cox, STATE HOUSE 23rd LA

Full Name (Last, First, Middle Initial)

**B. Capital One Merchant Services**Mailing Address 440 Third Street  
5th Floor

City	State	Zip Code
Baton Rouge	LA	70802

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2012

**Transaction ID : 7377841**

Amount of Each Disbursement this Period

80.96
-------

Merchant Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

580.96
--------

580.96
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